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- 9. Independent Contractor Form (Payments For Speakers, Performers, or Other Services)
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1. Understanding Your Account And The Relationship Between OSL, ASI, and Foundation

- 1. Where To Start: OSL
- Where Do I Find My Forms? On The Foundation Website: https://www.csudhfoundation.com/ Click on Forms at the top.
 About Us ∨ Policies Forms ✔ Dining ∨ Human Resources ∨ ✿ More Services ∨ Q

Finance Forms

Philanthropic Forms

Student Clubs and Orgs Forms

You will then be brought here:

Click here to find your forms:

1. Who Do I Go To With Questions About My Account? ASI will assist in helping you fill out paperwork and with any questions you have about your account including balances and what expenditures are allowable. ASI is like your bank teller, Foundation is the institution holding your money.

Payroll Forms

HR Forms

4. What If I Don't Remember My Account Name or Number? Accounts are listed on the Foundation website under your Student Clubs and Orgs page "ASI Account Listing": <u>https://csudhfoundation.com/services/financial-services/student-organizations-and-clubs-asi-accounts/</u>

How To Set Up A New Account

WHAT YOU NEED:

- 1. Name of your club
- 2. The date you fill out the application.
- 3. The date three years from the date you fill out the application
- 4. Fill out to the best of your knowledge. ASI can help."
- 5. Only authorized signers will have access to this account. Make sure to have all individuals you wish to have access to your account print and sign their name here. Do not forget to provide email addresses.
- 6. OSL must approve this form. After receiving approval bring this Form to ASI. ASI will route to Foundation. Foundation will send a confirmation memo to all account signers.

	FOUNDATION		ATION		-	anizations Club 2 ILLED OUT IN FULL	Account App	licatio
Account application. Account holders must renew their accounts prior to expiration. APPLICATION TYPE: New Account Close Account Name of Account New/Renewal/close date End Date (Maximum three years) Describe Source of Funds Student Club Funds ALLOWABLE EXPENDITURES Community Relations Stipends Equipment Salarles/Benefits Travel Other A. Were these funds received through a philanthropic grant? B. Is the income on this account derived from the use of campus facilities and/or personnef. C. Will this account be used solely in connection with sponsored programs or grants? D. Were these funds received through a count in the box below: Disprostriton Of UNEXPENDED FUNDS If the account in the box below: See ASI Bylaws PRSPARED BY (If preparer is an authorized signer, preparer must also sign below) Name Email	Account:		Function:	Division:	Officer:	Entity:	School:	
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AUTHORIZED ACCOUNT SIGNERS								
	Name			Email		Phone		
		10000	500					
Name (Print) Signature Student ID# Date	AUTHORIZED	ACCOUNTSIGN	ERS					
Name (Print) Signature Student ID# Date								
	Name (Print)			Signature		Student ID#	Date	9

CHANGING SIGNERS ON AN ACCOUNT

WHAT YOU NEED:

1. Fill out an updated signature form -

- 2. Your account name
- 3. Your 4 digit account number -
- 4. Only authorized signers will have access to this account. This form replaces any previous signatures on previous applications. Make sure to have ALL individuals you wish to have access to this account sign here.

 OSL must approve this form. After receiving approval bring this Form to ASI. ASI will route to Foundation. Foundation will send a confirmation memo to all account signers.

Foundation Account Name			Effective Det	
Foundation Account Name:		Account Number:	Effective Dat	e [
		itted and expire three years from the e with the account application type. <i>I</i>		
Account Information				
The individuals listed below certif and procedures of the Foundation	y that all expen , and the restric	sponsible for the programmatic and iditures will be in compliance with th tions imposed. If the signature author II expenditures relating to this account	e educational mission of the ity is delegated to other indiv	University, f
Please add the following addition	al signer(s) on t	the listed account(s) above for the fo	lowing period	
○ For the entire period	○For the	e period only (start date)	(end date)	
Please note that it is the account d	irector's respon	sibility to manage and maintain the u	nderstanding of this account.	
You as the account director may de	elegate signatur	e authority for the following: University charge-back invoices	- T	xplanation {
 Deposits of funds 	•	oniversity charge-back involces	 Indverw/e 	
	•	Purchases of goods & services	Budget tra	
Deposits of funds Payroll expenses Any persons wishing access to			Budget tra elow. All past Signature App	nsfer lications wi
Deposits of funds Payroll expenses Any persons wishing access to the acceptance of this application		Purchases of goods & services	Budget tra elow. All past Signature App	nsfer lications wil
Deposits of funds Payroll expenses Any persons wishing access to the acceptance of this applicat AUTHORIZED ACCOUNT SIGNERS Name (Print)		Purchases of goods & services ust be an authorized account signer b at will still be governed by the terms of	Budget tra elow. All past Signature App of the original Account Applic	nsfer lications wi
Deposits of funds Payroll expenses Any persons wishing access to the acceptance of this applicat AUTHORIZED ACCOUNT SIGNERS	on. This accoun	Purchases of goods & services ust be an authorized account signer b at will still be governed by the terms of	Budget tra elow. All past Signature App of the original Account Applic	nsfer lications wi

Accounts Expire Every Three Years and Must Be Renewed

Email Address:

FOUNDATION MEMO

You will receive a memo that looks like this once

your account is established or renewed.

IMPORTANT INFORMATION:

KEEP FOR YOUR RECORDS

Your 4 digit account number will be noted here —

Your account name will be noted here

Accounts expire every three years and must be renewed to remain open



1000 East Victoria Street Carson, Ca 90747 (310) 243-3306

Date: 3/14/2018

To: Michellena Lakey

From: Jinna Matzen

Subject:

This letter is to inform you that a campus program account has been renewed/revised per your request. Please note the following information and keep it for future reference.

Account Number:

Account Name:

Expiration Date:

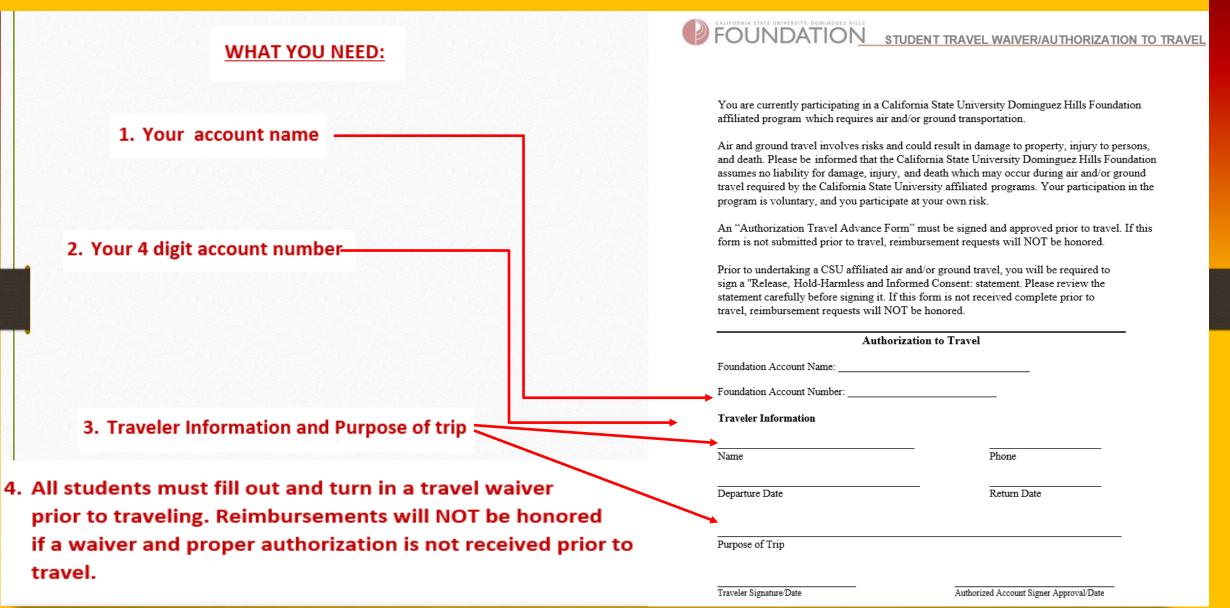
Your account number specifically identifies your account. Object codes denote what type of income or expense is coming or going out of your account. Please refer to the chart of accounts when making transactions.

If you have any questions, please feel free to reach out to Donisha Quiller at extension 310.243.3686 or dquiller1@csudh.edu

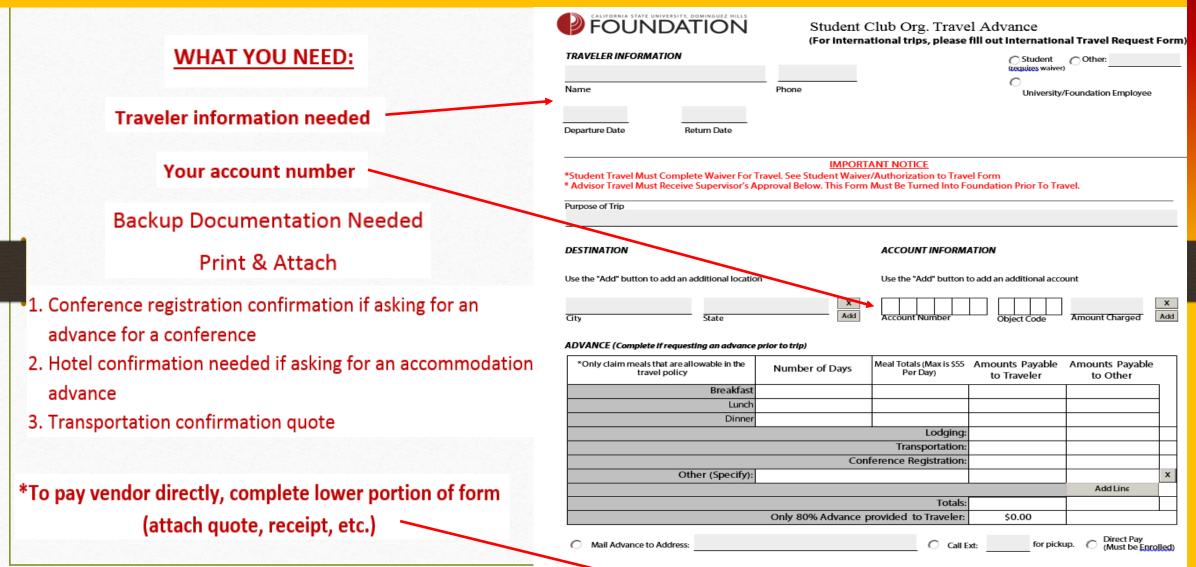
Jinna Matzen

Manager, Business Process Improvement, Customer and Board Relations California State Universitγ, Dominguez Hills Foundation 1000 East Victoria Street, SCC 202 | Carson, CA 90747 (310) 243 - 3244 | Jmatzen@csudh.edu CSUDH | FOUNDATION

Travel Forms



REQUESTING A TRAVEL ADVANCE



If advances for lodging, transportation, or conference registration are to be made payable to a payee other than the traveler, provide payee information:

TRAVEL REIMBURSEMENT/ RECONCILING

MUST COMPLETE FOR REIMBURSEMENT & TO RECONCILE AFTER A TRIP EVEN IF YOU RECEIVED AN ADVANCE & DO NOT WANT A REIMBURSEMENT.

WHAT YOU NEED:

- 1. Traveler information needed
- 2. Destination Needed. Use "Add" button to input multiple Destinations.
 - 3. Your account number

4. Backup Documentation Needed.
<u>ATTACH ALL RECEIPTS</u>

*FOR INTERNATIONAL TRAVEL SEE ASI FOR FORMS & INFORMATION

RAVELER INFOR	NATION							
Name Has there been a Tra	vel Request fo	rm filled out for thi	Phone is trip? Yes	Departur No	e Date Return	n Date .	Student quires waiver) University/Fou	Volunteer undation En
DESTINATION				ACC	OUNT INFOR	MATION		
Use the 'Add" button City		State	[X	he "Add" button t unt Number	o add an additic		nt Charged
ltemize actual expe available on www.c	enses for each	day of travel (use a			ach original rece	ipts for all items	. Refer to Founda	tion Travel
Date:								Tota
Breakfast:								
Lunch:								
Dinner:								
Incidentals:								
Lodging:								
Conference Registration : Transportation - Airfare : Transportation-Other Specify:								
Mileage	Attach Go	ogle Maps or M	apquest drivi	ng directors	with addresses	5.		
From:								1
To:								1
Miles:								Tota
Amount (rate x miles):								
Other:								

EXPENSE REIMBURSEMENT/TRAVEL ADVANCE RECONCILIATION INFORMATION

CHECK REQUEST

WHAT YOU NEED:

- Enter Payee Information. Name to which the check will be made payable.
- 2. Payee's mailing address if check is to be mailed. -
- 3. Payment amount- Total amount to be paid to payee
- Account number & Object code: Object codes organize your funds, a list of codes can be found on the Foundation website.
- 5. Must complete Description/Justification for payment.

6. Enter your contact information

ATTACH INVOICE FOR PAYMENT OR RECEIPT FOR REIMBURSEMENT. REMEMBER AN AUTHORIZED ACCOUNT SIGNER NEEDS TO APPROVE. IF THE PAYMENT IS A REIMBURSEMENT, THE AUTHORIZED ACCOUNT SIGNER'S SUPERVISOR MUST ALSO APPROVE.



FOUNDATION USE ONLY DATE PRINTED: Mar 22, 2018 ACCOUNT BALANCE: PEID: NAME DATE CORPORATION/ INDIVIDUAL 🔘 INCORPORATIO ADDRESS REET CITY STATE PAYMENT INFORMATION IS THIS PAYMENT (CHECK) REQUEST FOR SERVICE? IS THIS PAYMENT FOR COMMUNITY RELATIONS? Add Account Remove Account account Foundation Account # Object Code

PAYMENT (CHECK) REQUEST

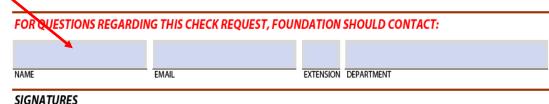
ATTACH ORIGINAL SUPPORTING DOCUMENTATIO FORM MUST BE FILLED OUT ELECTRONICALLY THEN PRINT AN

DESCRIPTION/JUSTIFICATION

PLEASE PROVIDE A DESCRIPTION/JUSTIFICATION OF THE EXPENDITURE(S)

CHECK DISTRIBUTION PREFERENCES

MAIL CHECK TO ADDRESS LISTED ABOVE CALL N/A (DIRECTPAY) OTHER



PURCHASE ORDERS (PLACING AN ORDER WITH A VENDOR)

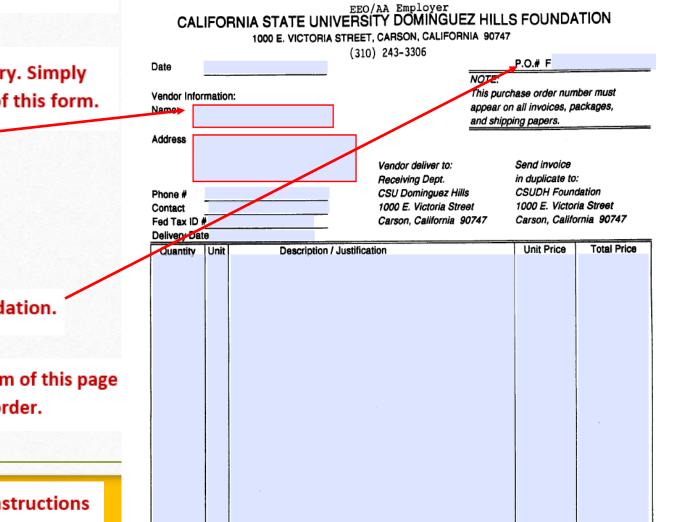
This Form can be used for any vendor that accepts purchase orders. You will need to confirm with the vendor.

WHAT YOU NEED:

1. For purchases under 5000, no quotes are necessary. Simply complete the "description/justification' portion of this form.

2. Fill in Vendor Name and Address.

PURCHASE ORDER



3. Your Purchase Order # will be issued by Foundation.

4. Make sure to fill out your information at the bottom of this page to ensure you are notified of the issued purchase order.

*For purchases over \$5,000 contact ASI for further instructions

INDEPENDENT CONTRACT FORM (FOR SPEAKERS, PERFORMERS, OR OTHER SERVICES)

WHAT YOU NEED:

1. Independent Contractor Packet must be filled out by the person you are hiring.

FOUNDATION INDEPENDENT CONTRACTOR APPROVAL FORM

INDEPENDENT CONTRACTOR INFORMATION (To Be Filled Out By Contractor)

Name		Address	5		
Company Name (If Appli	icable)	Street			
		City		State	Zip
Social Security Number	Federal Employer ID #	E-Mail			Phone
Sole Proprietor?	O YES O NO	I	ncorporated?	C YES	ONO
If yes, provide both SSN and FEI "Name" and "Company Name."	D # above and complete fields	lf yes, ty	ype? 🔘 Medio	al 🔵 Exer	npt 🜔 Other
Term of Engagemen	t (Dates of Performance)	Add Date	Remove Date]	
	Starting Date	Ending Date			
Description of Servic	es To Performed (Atta	-	ges If Necessary)		
Description of service			ges in Necessary)		
Location Where Service	es Are To Be Performed:				
		le vour re	sidences outside	the state	
Do you have regular emplo	yment? 🔿 YES 🦳 NO	of Califor		the state	🔿 YES 🔵 NO
PAYMENT SECTION		Hour(s	s)		
Fee is calculated based o	n:	O Day(s)		ate per Hour /	Dav /Task

AGREEMENT OF INDEPENDENT CONTRACTOR/CONSULTANT

CATERING EXCEPTION

ARE YOU HAVING AN EVENT OR FUNDRAISER THAT INVOLVES FOOD? IF SO FILL OUT THIS FORM.

ALL FOOD EVENTS MUST USE CAMPUS DINING UNLESS AN EXCEPTION IS GRANTED.

WHAT YOU NEED:

1. YOUR CLUB NAME

2. IF YOU NEED A CATERING EXCEPTION GIVE THE JUSTIFICATION

3. IF YOU ARE HAVING A POTLUCK OR BAKE SALE THIS FORM NEEDS TO BE FILLED OUT.

SUBMIT ALL FORMS TO ASI

CATERING EXCEPTIONS REQUIRE APPROVAL FROM

CAMPUS DINING

California State University, Dominguez Hills Foundation REQUEST FOR EXCEPTION FROM CATERING POLICY <u>ON CAMPUS ENTITY</u>

	NAME OF ON CAMPUS ORGANIZATION:	NAME OF INDIVIDUAL TO CONTACT:
	7	
1	DATE OF EVENT:	TIME OF EVENT:
	NAME OF EVENT:	CAMPUS LOCATION OF EVENT:

THIS FORM MUST BE SUBMITTED TO THE OFFICE OF THE STUDENT UNION TWO WEEKS (14 DAYS) PRIOR TO THE EVENT

CATERING EXCEPTION (MUST BE COMPLETED IN FULL) FOR USE BY ON CAMPUS ENTITIES ONLY. Complete the following section if requesting a CATERING EXCEPTION.

Reason an exception is being requested (budget issues will not automatically gain approval-you may need to adjust quantities, items or #'s)

Proposed Caterer		Proposed Budget for this event
Caterer:		
Address:		
Phone Number:	License Number:	(Estimate if Necessary)

BAKE SALE / FOOD SALE (FUNDRAISING)

ITEMS ARE CONSIDERED HOME PREPARED & MEET ALL SERVING GUIDELINES Complete the following section if requesting exception for a **POTLUCK** or **BAKE SALE / FOOD SALE REQUEST only**. Check the appropriate box (above) to indicate the type of exception (either Potluck <u>or</u> Bake Sale) being requested.

Food items including condiments (be specific):

Location where food will be prepared:

Storage of perishable food during transport:

Methods of keeping hot foods hot/cold foods cold during service:

All foods must be maintained at a temperature of below 45°F degrees for cold foods and 140°F degrees or above for hot foods.

Non-perishable foods are: Fruit pies, doughnuts, bread, cookies, candies, cakes without custard or whipped cream icing or filling, pretzels, soft drinks, punch, fresh or commercially canned fruit, and peanut butter. Any food high in protein, such as milk and meats, is considered perishable and potentially hazardous. DO NOT store or serve acid base foods such as punch, canned fruit, or fruit juices in galvanized containers because a poisonous by product will be formed.

AGREEMENT: For the privilege of selling food on campus, the applicant organization agrees to comply with the rules governing food sales